

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1663

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 405 N. Bellaire 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME Mrs. Lilly B. Rutter 360

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elmer J. Rutter 6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased Dec. 14 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Avalon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 0

11. Industry or business 1

12. Name No Record

13. Birthplace Vermont 9
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace II II
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer J. Rutter

(b) Address 405 N. Bellaire

17. (a) Removal (b) Date thereof 4-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humboldt, Iowa

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo

19. (a) 4-18-1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 405 N. Bellaire
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 10:18 minute P. M.

21. I hereby certify that I attended the deceased from May 15
1939 to April 16, 1940;
that I last saw her alive on April 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the
Caecum 46 1 year

Due to 46

Due to 46

Other conditions As above
(Include pregnancy within 3 months of death)

Major findings: Of operations As above

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 1

23. Signature E. A. Wilkinson (M. D. certifier) M.D.

Address 1103 Grant Ave Date signed 4/17/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Cecil R. Matthews

Licensed Embalmer No. 3807

P. O. Address K.E. 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.